

Claims

1. A method for analyzing healthcare claims data with records in which the claims data can include entries for a service that was charged and what was paid for the service, wherein some of the claims data does not indicate either the amount charged or the amount paid, the method including analyzing the claims data and imputing charged or paid amounts where such amounts were not indicated, and using the imputed amounts for analysis.

2. The method of claim 1, wherein the imputing includes determining a ratio of the paid to charged values.

3. The method of claim 2, wherein the ratio is determined for records that have non-zero values for both paid and charged amounts such that the charged amount is greater than or equal to the paid amount.

4. The method of claim 3, further including estimating median values for distribution of the ratio variable for each data source and each type of claim separately and for the combined sample.

5. The method of claim 4, further comprising estimating the slope of the regression line with the median value of the ratio as the initial value.

6. The method of claim 3, wherein the ratio is separately determined for different types of records, including one or more of facility, pharmacy, surgery, management, or ancillary.

7. The method of claim 1, wherein the paid values are imputed.

8. The method of claim 1, wherein the charged values are imputed.

9. A system for analyzing healthcare claims data with records in which the claims data can include entries for a service that was charged and what was paid for the service, wherein some of the claims data does not indicate either the amount charged or the amount paid, the system comprising a database for
5 storing claims data records, and a processor for analyzing the claims data and imputing charged or paid amounts where such amounts were not indicated, and using the imputed amounts for analysis.

10. The system of claim 9, wherein the processor determines a ratio of
10 the paid to charged values.

11. The system of claim 10, wherein the processor determines a ratio
for records that have non-zero values for both paid and charged amounts such
that the charged amount is greater than or equal to the paid amount.
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12. The system of claim 11, wherein the processor estimates median
values for distribution of the ratio variable for each data source and each type of
claim separately and for the combined sample.

13. The system of claim 12, wherein the processor estimates the slope
of the regression line with the median value of the ratio as the initial value.
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14. The system of claim 11, wherein the processor separately
determines the ratio for different types of records, including one or more of
25 facility, pharmacy, surgery, management, or ancillary.

15. The system of claim 9, wherein the paid values are imputed.

16. The system of claim 9, wherein the charged values are imputed.
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